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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                                     | Docket Number (Optional)<br>TMB-006  |                      |
|---|-------------------------------------|--|----------------------|
| Application Number<br>10/579,584-Conf. #9399  |                                     | Filed<br>March 12, 2007  |                      |
| For Method of detecting mutations associated with thrombosis  |                                     |  |                      |
| Art Unit<br>1637  |                                     | Examiner<br>S. Pande   |                      |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                     |  |                      |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                     |  |                      |
|   | Fee                                 | Small Entity Fee   |                      |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130                               | \$65   | \$ 130.00            |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                               | \$245  | \$ _____             |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                              | \$555  | \$ _____             |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                              | \$865  | \$ _____             |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                              | \$1175   | \$ _____             |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                     |  |                      |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                     |  |                      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                     |  |                      |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                     |  |                      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1700</u> .                 |                                     |  |                      |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>               |                                     |  |                      |
| I am the  | <input type="checkbox"/>            | applicant/inventor.  |                      |
|   | <input type="checkbox"/>            | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                      |
|   | <input checked="" type="checkbox"/> | attorney or agent of record. Registration Number <u>48,645</u>   |                      |
|   | <input type="checkbox"/>            | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____                                |                      |
| _____<br>/Brian A. Fairchild/<br>Signature  |                                     | _____<br>November 3, 2009<br>Date  |                      |
| _____<br>Brian A. Fairchild<br>Typed or printed name  |                                     | _____<br>(617) 570-1963<br>Telephone Number  |                      |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                     |  |                      |
| <input type="checkbox"/>  | Total of                            | <u>1</u>   | forms are submitted. |